

Application for Free Library Service: Individuals

NH STATE LIBRARY
in cooperation with the
National Library Service
for the Blind and
Physically Handicapped

Return application to: New Hampshire State Library
Talking Book Services
117 Pleasant Street
Concord, NH 03301
1-800-491-4200

Part 1: Applicant Information (Please print or type)

Name: (First) (Initial) (Last)

Street address: (City) (State) (Zip) (County)

Telephone (evening): () Date of Birth

Telephone (daytime): () Sex: ☐ Male ☐ Female

Contact Person: Telephone: ()

Relationship to applicant:

☐ Please check here if you have been honorably discharged from the armed forces of the United States. By law, preference in the lending of books and equipment is given to veterans.

Indicate the disability that prevents you from reading standard printed material.
(See eligibility criteria on page 6). Please check only one.

☐ **Blindness** ☐ **Visual Impairment** ☐ **Deaf-Blind**
☐ **Physical Disability** ☐ **Reading Disability** (must be certified by M.D.)

In addition to any of the above conditions, do you also have a hearing impairment?
If yes, indicate degree of hearing loss.

☐ **Moderate**—some difficulty hearing and understanding speech
☐ **Profound**—cannot hear or understand speech

Part 2: Books, Equipment, and Accessories

(a) You may borrow any of the following items. Check those that you wish to receive:

- ☐ Books on tape and a cassette player (plays 2 and 4 track cassettes)
- ☐ Braille Books ☐ Print/Braille (twin vision) Books
- ☐ Large Print Books (available through your local public library)
- ☐ Descriptive Videos (you must have your own VCR)
- ☐ Catalogs from which to select books and magazines
- ☐ Music scores and instruction. Recreational music is NOT available through this program.

(b) Special accessories for cassette players are available. Please check any you would like from the list below. Some accessories require a separate application form that will be mailed to you with further instructions. Please call us at 1-800- 491-4200 if you have any questions.

- ☐ Headphones (only for use where speakers are not permitted).
- ☐ Amplifier (only for profoundly hearing-impaired individuals).
- ☐ Breath Switch (only for individuals with little or no use of their extremities; must be used with remote control unit).
- ☐ Extension Levers (for individuals who have limited use of their hands).
- ☐ Pillow speaker (only for individuals confined to bed).
- ☐ Remote Control Unit (only for individuals confined to bed).
- ☐ Solar Panel Battery Charger (only for individuals who do not have access to electricity).

Return of Equipment. Playback equipment and special accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the New Hampshire State Library, Talking Book Services, 117 Pleasant Street, Concord, NH 03301.

Part 3: Reading Preferences

(a) I do **not** wish to receive books that include the following:

____ Explicit Sex ____ Violence ____ Strong Language
____ Male narrators ____ Female narrators ____ Long Books

(b) ☐ Check this box if you read English only. If you wish to receive books in other languages, list the languages: _____

(c) I wish to select my books by:

____ REQUESTS AND SELECTIONS. I prefer to make my own selections, but if my requests are not available I will accept library selections from the reading categories.

____ REQUEST ONLY. Do not send selections. I will call to order my books.

____ AUTOMATIC SELECTION. Please send selections from the reading categories.

Part 4: Reading Categories: Adult Reader

Select up to 10 categories if you want the library to make book selections for you.

FICTION

____ Adventure Stories
____ Best Sellers
____ Christian Fiction
____ Contemporary Novels
____ Drama/Plays
____ Family Stories
____ Fantasy
____ Gothic Novels
____ Historical Novels
____ Humor

NON-FICTION

____ Animals
____ Biographies
____ Business/Economics
____ Computers/Technology
____ Consumer Information
____ Current Events
____ Disabilities
____ Fine Arts
____ Government/Politics
____ Health

☐ Legal Thrillers
☐ Mystery Novels
☐ New Hampshire Fiction
☐ Occult & Supernatural
☐ Romances
☐ Science Fiction
☐ Sea Stories
☐ Short Stories
☐ Sports Fiction
☐ Spy Novels
☐ War Novels
☐ Westerns
☐ Women's Fiction

☐ History
☐ Homemaking
☐ Movies/TV
☐ Music/Musicians
☐ New Hampshire
☐ Philosophy/Ethics
☐ Poetry
☐ Psychology/Self Help
☐ Recreation & Outdoors
☐ Religion
☐ Science & Nature
☐ Social Sciences
☐ Sports
☐ Travel

Other reading interests or favorite authors: _____

I would like to receive _____ books per circulation.

Part 5: Reading Categories: Youth Reader

Select up to 10 categories if you want the library to make book selections for you.

FICTION

☐ Adventure
☐ Animals
☐ Classics
☐ Fairy Tales
☐ Family Stories
☐ Fantasy
☐ Folk Tales
☐ Friends
☐ Historical Fiction
☐ Humor
☐ Mysteries
☐ Problems Fiction
☐ Romance

NON-FICTION

☐ Activities
☐ Animals
☐ Biographies
☐ Careers
☐ Geography
☐ Health/Safety
☐ Holidays
☐ Minorities
☐ Music
☐ Native Americans
☐ Other Cultures
☐ Poetry
☐ Religion

___ Scary/Horror Stories
___ School Stories
___ Science Fiction
___ Sports Fiction

___ Science
___ Social Issues
___ Sports
___ Transportation
___ U.S. & World History

Other reading interests or favorite authors: _____

I would like to receive _____ books per circulation.

What Grade Level of books would you like us to select for you?
(You may choose more than one):

___ K-3 ___ 2-4 ___ 3-5 ___ 4-6 ___ 5-7 ___ 6-9 ___ 7-10

If you and/or your child have any questions about this free recorded library service, please call us. We are open Monday through Friday, 8:00 a.m. to 4:30 p.m. At other times voice mail will record messages. Leave your name and a NH phone number where you can be reached. We'll return your call the next day.

Part 6: Applicant Disability Certification. To be completed by a certifying authority. (See section B, 2 page 6, for definitions.)

Please print or type

Name of certifying professional: _____

Title and occupation: _____

Street address: _____ Telephone () _____

City _____ State _____ Zip _____

I certify that the applicant named on this application has requested library service and is unable to read or use standard print for the reason indicated on page one of this form.

Signature* _____ **Date** _____

**An original signature required. Stamps, copies or faxes cannot be accepted.*

ELIGIBILITY CRITERIA FOR LOAN OF LIBRARY MATERIALS

A. The following persons are eligible for free library service:

1) Blind persons whose visual acuity, as determined by a competent authority, is 20/200 or less in the better eye with correcting lenses, or whose widest diameter of the visual field subtends an angular distance no greater than 20 degrees.

2) Other physically handicapped persons are eligible as follows:

(a) Persons whose visual disability, with correction and regardless of optical measurement, is certified by competent authority as preventing the reading of standard print materials.

(b) Persons who are unable to read or unable to use standard print as a result of physical limitations.

(c) Persons certified by competent medical authority as having a reading disability resulting from organic dysfunction and of sufficient severity to prevent their reading printed material in a normal manner (see below under B, 2).

B. The following persons may certify (sign) your application:

1) In cases of **blindness, visual impairment, or physical limitations**, “competent authority” is defined to include doctors of medicine; doctors of osteopathy; ophthalmologists; optometrists; registered nurses; therapists; and professional staff of hospitals, institutions, and public or private welfare agencies (e.g., social workers, caseworkers, counselors, rehabilitation teachers, and superintendents). In the absence of any of these, certification may be made by professional librarians or by any person whose competence under specific circumstances is acceptable to the Library of Congress.

2) In the case of a **READING DISABILITY** from organic dysfunction, **competent authority is defined as doctors of medicine (M.D.) and doctors of osteopathy who may consult with colleagues in associated disciplines.**

C. Residency or U.S. Citizenship: Eligible readers must be residents of the United States, including the several states, territories, insular possessions, and the District of Columbia; or, American citizens domiciled abroad.

Lending of materials and classes of borrowers

Veterans. Preference shall be given at all times to the needs of blind and other physically handicapped persons who have been honorably discharged from the armed forces of the United States.

Institutions. The reading materials and playback equipment for the use of blind and physically handicapped persons may be loaned to individuals who qualify, to institutions such as nursing homes and hospitals, and to schools for the blind or physically handicapped. These materials may also be used in public or private schools where handicapped students are enrolled; however, the students in public or private schools must be certified as eligible on an individual basis and must be the direct and only recipients of the materials and equipment.

Confidentiality. Records relating to your reading material are confidential except for those portions defined by local law as public information

(Rev 5-06)